

N29371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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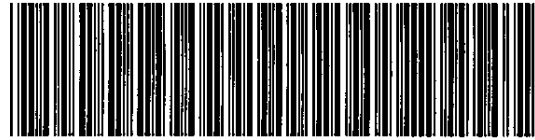
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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VALDIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF NON-PROFIT CORPORATION

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRI JO BARRON, INTERIM DIRECTOR  
(Name of Contact Person)

ALZHEIMER RESOURCE CENTER OF  
(Firm/Company) TALLAHASSEE, INC.

P.O. Box 3553  
(Address)

Tallahassee FL 32315  
(City/State and Zip Code)

For further information concerning this matter, please call:

TERRI JO BARRON at (850) 561-6869  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
ALZHEIMER RESOURCE CENTER OF TALAHASSEE, INC.

SECOND: The document number of the corporation (if known): N 29371

THIRD: The date dissolution was authorized: NOVEMBER 27, 2006

Effective date of dissolution if applicable: JANUARY 31, 2007  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the <sup>directors.</sup>~~shareholders~~. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

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Signature: Marcia K. Jensen-Waller  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Marcia Jensen-Waller  
(Typed or printed name of person signing)

President, Board of Directors  
(Title of person signing)

**Filing Fee: \$35**